

**In the Claims:**

Please cancel claims 16 thru 32.

**REMARKS**

If the Examiner has any questions, or other correspondence regarding this application, Applicant requests that the Examiner contact Applicant's attorney at the below listed telephone number and address.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "M. Skrehot", written in a cursive style.

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